

PANDEMIC RESPONSE AND CONTINUITY OF OPERATIONS PLAN

**JOI Commissaries in San Diego, California:
Camp Pendleton
Imperial Beach
Miramar
North Island
San Diego Naval Station (32nd Street)
San Onofre**



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Date Revised: April 6, 2020

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1. INTRODUCTION

Organizations across the United States perform essential functions and services that may be adversely affected in the event of a natural or manmade disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural.

Since the threat to an organization's continuity of operations is great during a pandemic outbreak, it is important for organizations, in particular Job Options, Inc. (JOI), to have a **Pandemic Response and Continuity of Operations Plan (COOP)** in place to ensure it can carry out its essential functions and services to the extent allowed. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective COOP will assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

JOI has adopted this plan to prepare for, and respond to, a threat of a pandemic that causes serious widespread illness and to ensure our ability to continue to provide essential services and maintain the safety of our personnel. In developing JOI's plan, recent guidelines from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), Occupational Safety and Health Administration (OSHA), National Institutes of Health (NIH) and California Department of Public Health have been incorporated into our plan contents to ensure best practices are followed in the event of a pandemic, including influenza and COVID-19.

2. PURPOSE AND GOALS

The unique characteristics and events of a pandemic will strain Local, State, and Federal resources. It is unlikely that there will be enough personnel, equipment, or supplies to respond adequately to multiple areas of the country for a sustained period. Therefore, minimizing social and economic disruption will require a coordinated response. Governments, communities, and other public and private sector stakeholders must anticipate and prepare for a pandemic by defining roles and responsibilities and developing appropriate COOP plans.

This plan provides guidance to JOI's six Commissary worksites: San Diego Naval Station (32nd Street), Imperial Beach Commissary, North Island Commissary, Miramar Commissary, Camp Pendleton Commissary and San Onofre Commissary. This may serve as the plan for maintaining essential functions and services during a pandemic. This guidance neither replaces nor supersedes any current approved JOI contingency plan; rather, it supplements it, bridging the gap between the traditional, all-hazards contingency planning and the specialized contingency planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. The primary goals of JOI's COOP are to:

- Protect the health and safety of JOI employees, contractors, vendors and visiting public at our worksites.
- Maintain mission essential functions.
- Support the Federal Government's response to a pandemic.
- Provide effective communication to our employees and stakeholders.

This plan will address the following issues relating to pandemics:

- Creating a culture of infection control in the workplace that is reinforced during the annual season, to include, if possible, systems to reduce infection transmission and increase worker education.
- Establishing contingency plans to maintain delivery of services during times of significant and sustained worker absenteeism.
- Establishing partnerships with other members of the janitorial community to provide mutual support and maintenance of essential services during a pandemic.

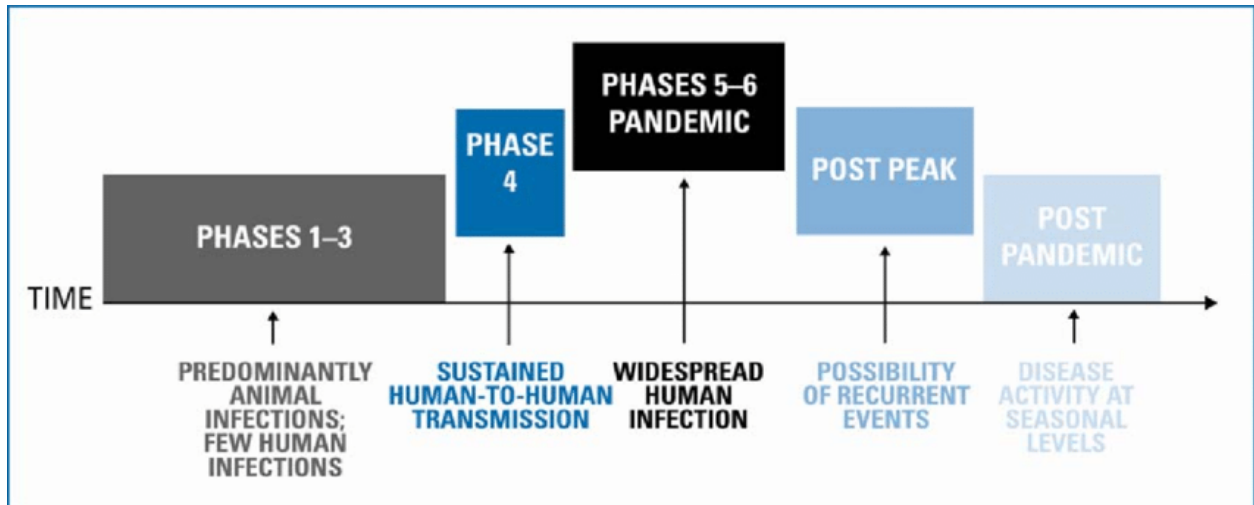
3. CONCEPT OF OPERATIONS

JOI will monitor the severity of pandemic using Centers for Disease Control (CDC) and World Health Organization (WHO) information and establish continuity activation triggers to address the unique nature of the pandemic threat. JOI's COOP will be implemented as needed to support the continued performance of essential functions. This plan is to be read in conjunction with JOI's Contingency Plan, as appropriate. It supplements the Contingency Plan by addressing considerations and elements specific to pandemic events and emerging infectious diseases.

CDC studies indicate that pandemics rise sharply and fall in waves. Each wave lasts six-to-eight weeks (greater severity in winter months). We can expect that there will be two-to-three "waves" of varying severity, that are likely to be separated by weeks or months of diminished activity.

Clear, accurate, timely communication among responding Local, State and Federal agencies is essential during the pandemic. JOI will follow all healthcare directives given by the controlling agency during a pandemic. Since the provision of shelf stocking, warehousing and custodial services to the Commissaries has been deemed an essential function by the Department of Homeland Security (DHS) and the Department of Defense (DoD), State and Local orders to shelter-in-place or telework only do not apply to JOI workers at this site.

WHO has developed a global influenza preparedness plan that defines the stages of a pandemic. It also outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. The phases are:



WHO 11.14

For planning purposes, JOI has established levels of response according to the recommendations of the Federal Emergency Management Agency (FEMA), the Centers for Disease Control & Prevention (CDC), and the World Health Organization (WHO).

A. DoD, FDA & CDC Guidance Applicable to Commissaries:

The following actions and guidance is obtained from the FDA's main page – Coronavirus Disease 2019 (COVID-19):

WORKERS IN FOOD AND AGRICULTURAL SECTOR FILL CRITICAL AND ESSENTIAL ROLES WITHIN COMMUNITIES:

Promoting the ability of our workers within the food industry to continue to work during periods of community restrictions, social distances, and closure orders, among others, is crucial to community continuity and community resilience. This was reinforced by DHS in its [Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19](#).

EXPOSURE TO COVID-19 THROUGH FOOD:

Currently there is no evidence of food or food packaging being associated with transmission of COVID-19.

Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a

virus that causes respiratory illness. Foodborne exposure to this virus is not known to be a route of transmission.

The virus is thought to spread mainly from person-to-person. This includes between people who are in close contact with one another (within about six feet), and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. However, it is always critical to follow the four key steps of food safety—clean, separate, cook, and chill—to prevent foodborne illness.

SOCIAL DISTANCING AND HYGIENE GUIDELINES:

The risk of an employee transmitting COVID-19 to another is dependent on distance between employees, the duration of the exposure, and the effectiveness of employee hygiene practices and sanitation. When it is impractical for employees in these settings to maintain social distancing, effective hygiene practices will be maintained to reduce the chance of spreading the virus. The DoD has now also mandated (as of 4/6/2020) that when proper social distancing cannot be maintained at all DoD sites, that personnel wear face masks of some sort. The DoD also mandates that face masks be worn by all personnel in public settings. This would apply to Commissary day shift workers who work during the times the store is open for shopping and customers are present, but does not affect Commissary night shift workers who work after the store is closed and no customers are present.

IMPORTANT: Maintaining social distancing in the absence of effective hygiene practices may not prevent the spread of this virus. CDC mandates that facilities should be vigilant in their hygiene practices, including frequent and proper hand-washing and routine cleaning of all surfaces.

Because the intensity of the COVID-19 outbreak may differ according to geographic location, coordination with Local, State and Federal officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside.

WEARING OF FACE MASKS:

The DoD mandated as of 4/6/2020 that all personnel on DoD installations that work in a public setting wear a face mask to protect themselves from COVID-19. Therefore, this directive will apply to Commissary personnel who work during the day shift when the Commissaries are open to the public and customers are present. The directive to wear face masks does not apply to Commissary night shift workers as their duties are performed while the store is closed and customers are not present. In addition, personnel who are unable to properly social distance themselves from others (minimum of six feet)

should also wear a face mask. Therefore, any Commissary personnel who work the night shift who are not able to social distance themselves from others must comply with this directive.

EVERYDAY PREVENTIVE ACTIONS:

CDC recommends everyday preventive actions for all personnel:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

PROCEDURE TO FOLLOW WHEN AN EMPLOYEE TESTS POSITIVE FOR COVID-19:

All components of the food industry are considered critical infrastructure. Therefore, it is vital that they continue to operate.

The Occupational Safety and Health Administration (OSHA) issued Guidance on Preparing Workplaces for COVID-19 that includes information on how a COVID-19 outbreak could affect workplaces and steps all employers can take to reduce workers' risk of exposure to SARS-CoV-2 (COVID-19).

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace, but maintain confidentiality about individual employees' identities. Sick employees should follow the CDC's [What to do if you are sick with coronavirus disease 2019 \(COVID-19\)](#).

CDC's Interim U.S. Guidance for Risk Assessment and Public Health Managements of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases, provides a framework for assessing and managing risks of potential exposures to SARS-CoV-2.

MEASURES THAT FDA AND CDC TAKE TO ENSURE THAT THEY REMAIN ABLE TO ADDRESS FOODBORNE ILLNESS OUTBREAKS DURING THE COVID-19 PANDEMIC:

Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis-A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory, not gastrointestinal, illness. Foodborne exposure to this virus is not known to be a route of transmission.

With respect to foodborne pathogens, CDC, FDA, and FSIS continue to work with Local, State and Federal partners to investigate foodborne illness and outbreaks. FDA's Coordinated Outbreak Response and Evaluation (CORE) Network manages outbreak response, as well as surveillance and post-response activities related to incidents involving multiple illnesses linked to FDA-regulated human food products, including dietary supplements, and cosmetic products. During this coronavirus outbreak, CORE's full-time staff will continue to operate to prepare for, coordinate and carry out response activities to incidents of foodborne illness.

FDA's Center for Veterinary medicine manages outbreak response for animal food and is similarly staffed and prepared to respond to incidents of foodborne illness in animals.

CDC, FDA, FSIS, Local and State public health partners are maintaining routine public health surveillance for infections and outbreaks that may be transmitted through foods. CDC continues to lead and coordinate investigations of multi-state foodborne events, consults with states as needed, on events within a single state, and works closely with FDA and FSIS investigators so that contaminated foods are traced back to their sources and controlled.

B. Prioritization of Operations

In the event up to 30% of the worksite's employees are unavailable due to a pandemic (or similar event), and increased effort into recruiting new workers (including non-disabled workers) are not sufficient to fully replace unavailable workers, JOI will defer periodic maintenance tasks where possible that do not materially impact the cleanliness and compliance of the Commissary. Further, it will allow its Commissary employees to work sizable overtime and investigate whether tasks could be done during the day shift that were not completed at night (it can be easier to find employees to work during the day than at night). JOI will also cross-train employees and adjust shift schedules as needed to ensure all essential tasks are completed.

In the event employee vacancy increases above 30%, the Division Manager will reduce/prioritize other spec items accordingly. Effort will be made to determine the feasibility of temporarily reassigning qualified employees from other JOI worksites to Commissary worksites until regularly assigned staff return to work. In addition, the following actions will be implemented if needed:

1. Cross-train high production team members for shelf stocking, custodial, and receiving/storage/holding area (RSHA) duties.
2. Establish an on-call staff of twelve team members who will have access to all six commissaries.
3. Designate a reliable van driver who will pick-up and drop-off the on-call team members.
4. Aggressive recruitment of non-disabled employees to fill staffing shortages.

5. Disinfectant crew assigned during the day shift and night shift for freezer and chilled doors. The Defense Commissary Agency (DeCA) has agreed to pay for the additional sanitation service being performed each day.
6. When necessary, increase the receiving/storage/holding (RSHA) crew and hours to ensure essential tasks are completed.
7. Offer temporary work to meet the increased demand from shoppers.

4. CONTINUITY PLANNING

All JOI's personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by: 1) Jeff Johnson, Chief Executive Officer, 2) Melanie Andersen, Human Resources Director, and 3) Gladis Jarquin, Safety Director. Guidance and instructions on established infection control measures such as social distancing, personal protective equipment (PPE), and telework policies will be provided by these individuals to assist in limiting the spread of influenza at the primary and alternate worksites.

Within the workplace, social distancing measures take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite, (e.g., teleworking); promoting social distancing between employees and customers to maintain three-or-more feet spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms. Frequent, daily contact is important to keep employees informed about developments in the organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual.

5. PANDEMIC PLAN ASSUMPTIONS

A. National Strategy for Pandemic Response Plan Assumptions

- Susceptibility to the pandemic virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who become ill sought care. Depending upon the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and

less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.

- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days. For COVID-19, it is not fully known, but is generally thought to be as many as six-to-eight days.
- Persons who become ill with influenza may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. For COVID-19, it is not fully known at this point, but it is generally thought to be a longer transmission period, which is why people are encouraged to self-quarantine for fourteen days if they believe they have been exposed to the virus or are symptomatic.
- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six-to-eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-to-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

B. Organizational Assumptions

- Federal, State, and Local governments regarding current influenza pandemic status in its area will provide organizations with guidance and/or direction that will be followed by JOI.
- JOI will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some nonessential activities.
- JOI will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options.
- JOI-controlled buildings will be accessible, but right-of-entry may be limited.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual,

resulting in the employment of appropriate teleworking and other approved social distancing protocols.

- Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, and Local levels may affect the ability of some staff to report to work.
- Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities. Given that most JOI personnel at Commissaries perform essential shelf stocking, warehousing and cleaning services at the site itself, teleworking for most employees at this site is not practical.

6. PANDEMIC RESPONSE

A. Pandemic Coordinator and Pandemic Response Teams

The JOI Corporate Pandemic Response Coordinator (PRC) will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on JOI and to assist with developing strategies to manage the effects of an influenza outbreak. The Chief Executive Officer (CEO), Jeff Johnson, has been designated as JOI's PRC who will work with a team of advisors from JOI. Each worksite will identify and designate a Pandemic Continuity Coordinator (PCC). JOI has designated Commissary Division Manager, Bradley Luke, as the PCC for each JOI commissary worksite.

The JOI Corporate PRT is comprised of the following:

1. Jeff Johnson, Chief Executive Officer
2. Jounina Boka, Chief Financial Officer
3. Nazar Masry, Vice President, Hospital Environmental Services, Laundry and Facilities Management Divisions
4. Melanie Andersen, Director of Human Resources
5. Gladis Jarquin, Director of Safety
6. Margaret-Ann Pena, Director of Quality Assurance
7. Juan Agundis, Director of Information Technology
8. Marcy McCabe, Director of Contracts

The PCC for the Commissary will select a minimum of one back-up employee to assume their duties in case of their own illness at each Commissary. This person will be kept current on all emergency procedures and this list will be kept with this plan and updated as needed.

Members of the San Diego Naval Station/32nd Street Pandemic Continuity team are:

1. Greg Bisbee, 32nd Street Project Manager
2. Janet Henderson, 32nd Street Assistant Project Manager
3. Art White, 32nd Street Productivity Supervisor

Members of the Imperial Beach Pandemic Continuity team are:

1. Charles Cummings, Imperial Beach Project Manager
2. Robin Mathews, Imperial Beach Night Stocking Supervisor
3. Noel Lacy, Imperial Beach Daytime Stocking Supervisor

Members of the North Island Pandemic Continuity team are:

1. Charles Cummings, North Island Project Manager
2. Durian Wingfield, North Island Supervisor

Members of the Miramar Pandemic Continuity team are:

1. Daniel Jaquez, Miramar Project Manager
2. Bernardo Espiritu, Miramar Supervisor

Members of the Camp Pendleton/San Onofre Pandemic Continuity team are:

1. Raul Olave, Camp Pendleton/San Onofre Project Manager
2. Richard Sutherland, Camp Pendleton/San Onofre Night Stocking Supervisor

B. Pandemic Coordinator and Response Team Responsibilities

It is the duty of the Pandemic Response Coordinator (PRC) to:

- Monitor issues and information related to pandemics to keep our plan up-to-date.
- Recommend any changes to the plan as circumstances warrant.
- Ensure that employee training is conducted.
- Communicate with public health agencies, emergency responders and others regarding our plan, and understand their capabilities should an outbreak occur.
- Attend external training/seminars about pandemic outbreaks in order to remain current about the pandemic threat in our community.
- Implement this plan should it become necessary.

It is the duty of the JOI Corporate PRT to:

- Assist in establishing and reviewing continuity policies to be implemented during a pandemic.
- Plan for the likely impact on business and essential services.
- Establish and periodically review pandemic preparedness plans to ensure effectiveness.
- Plan for pandemic response to include:

- Counseling services for all employees and their families, particularly those affected by illness.
- Special procedures/accommodations for employees with special needs or disabilities.
- Keeping employees informed of developments as they occur, including those who remain at home.
- Providing procedures for responding promptly to employees' questions about such issues as whether to report for work and special hours of operation during a pandemic.
- Plan the allocation of resources to protect employees and customers.
- Communicate with and educate employees on how to protect themselves and on measures that will be implemented.

It is the duty of each Commissary PCC and back-up personnel to:

- Identify and communicate to the PRC which employees, vendors, suppliers and systems are essential to maintaining operations at their locations.
- Identify and communicate to the PRC the names of possible ancillary employees who could perform certain job duties in the case of a pandemic (e.g., consultants, temporary work services, subcontractors).
- Develop and communicate to the PRC an emergency communications plan for the Commissaries, including identification of key personnel, vendors, and customers.
- Develop and submit a plan to continue operations at their locations with the least possible number of staff.
- Ensure that all employees in their departments are adequately trained on emergency procedures in the case of a pandemic and in the prevention of illness.
- Encourage all employees be vaccinated annually for influenza or other available antiviral drug to combat a pandemic.
- Assist the PRC in the implementation of this plan, if necessary, at each Commissary in question.

In addition, the PCC will:

- Maintain a list of contacts in the health profession to provide consultation and advice regarding this plan and its implementation.
- The PCC will, at least annually prior to the season, provide information to all employees regarding those practices that are recommended by public health officials that will reduce the spread of the infection.
- The PCC will also develop a list of recommended infection control supplies (hand soaps, tissues, sanitizers, and so on) and ensure that each location has a sufficient supply of them.
- The PCC will maintain a list of duties and positions for which individual employees are cross-trained at the worksite. Should staffing levels drop due to an outbreak, supervisors can use this list to fill in positions where needed.

- The PCC shall recommend to the PRC an emergency sick leave policy be adopted in the event of a pandemic. The policy is to be non-punitive and require employees who have been exposed or who exhibit symptoms of the illness to remain at home.

Should a pandemic occur, the PCC will, after consultation with knowledgeable health officials and the PRC, implement the following steps, as deemed necessary:

- The emergency sick leave policy shall be implemented. Supervisors will be instructed to send and keep employees home if they exhibit symptoms of the illness.
- Team members will contact their key vendors to determine the impact of the outbreak on their operations and its effects on our ability to perform our daily functions, and they will communicate the results to the PCC. The PCC will see to it that extra quantities are obtained of any necessary supplies that may be threatened due to the outbreak.
- The PCC, with the assistance of team members, will monitor staffing levels on all shifts and assist supervisors in finding ways to maintain critical operations in light of any staffing shortage.
- The PCC is to ensure that the Government is kept informed of any changes that affect their business with JOI. The PCC is to implement the employee contact plan to ensure that all employees are kept informed of developments as they occur, including employees who remain at home.

C. Risk Communications

JOI will develop pandemic risk communications procedures for communicating with all internal and external stakeholders. These rosters will be maintained and updated by the COOP points of contact and electronically distributed to the JOI PRT. Hardcopies will be maintained at JOI's Corporate Office. Procedures will emphasize regular communication to help minimize employee and stakeholder fear and anxiety.

7. ELEMENTS OF A VIABLE PANDEMIC RESPONSE CAPABILITY

A. Essential Functions

Given the expected duration and potential multiple waves of pandemic outbreaks, organizations must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations that support essential functions. JOI has identified essential functions and services needed to sustain its mission and operations throughout its worksites. The following business processes have been identified as critical to operating effectively during a pandemic:

- Operations
- Account Management
- Accounting (receivable/payable)
- Purchasing Department
- Human Resources
- Safety and Risk Management

As most JOI operations provide essential services, such as hospital environmental services, facility cleaning, food service, commissary shelf stocking and inventory management, etc., most JOI employees will be required to work during any pandemic.

B. Orders of Succession

Since influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, JOI has identified orders of succession through its organizational charts that are at least three deep per position while considering dispersing successors to various geographically separated locations, as appropriate.

C. Delegations of Authority

At the height of a pandemic wave, absenteeism may be significant. As such, JOI has established delegations of authority through its organizational charts that are at least three deep to take into account the expected rate of absenteeism and regional nature of the outbreak to help ensure continuity of operations over an extended time period.

D. Continuity Facilities

The traditional use of continuity facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. JOI has developed preventive practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic. Plans have also been established to relocate to an alternate facility, if applicable.

E. Continuity Communications

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. JOI has identified communication systems needed to perform essential functions. JOI must have an

effective way to inform employees of the status of the pandemic. Also, employees must have an effective way to communicate changes in absenteeism rates and health status to management. Likewise, communication with property management and tenants about the current capabilities, plans, and delays will help to reduce unnecessary tensions and fears.

One of the most important things JOI can do is to support staff in both adopting good personal hygiene regarding hand washing, coughing etiquette, social distancing whenever possible, etc., while requiring those employees who are sick to remain at home until fully recovered.

JOI will hold informational meetings regarding the etiology, symptoms, transmission and potential reporting during the outbreak. If a vaccine exists, JOI will encourage staff to be vaccinated against seasonal flu and the virus in question (such as COVID-19) while keeping records of those who participate. JOI will discourage employees from traveling to known places of infection. During Stages 4-6 of the pandemic, all non-essential travel will be prohibited. Employees must also be apprised of additions/deletions to company policy or procedure regarding the virus strain. This will be accomplished with available information via websites, hotlines, and direct mailings.

In the event of an outbreak of symptoms, infected staff should be able to report to an on-site health coordinator with a "medical quarantine room" accessible. Procedures for the care and transport of the patient to the nearest emergency room or to a general physician must be established with a plan in force to address the prevention of further transmission. Informing vendors, suppliers and customers that there may be a risk of infection, as well as the formal procedure of reporting to area hospitals, state public agencies and emergency responders is also warranted.

F. Essential Records Management

JOI shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. JOI has identified systems, databases, and files that are needed to ensure essential functions remain operational. JOI has multiple layers of back-up including cloud-based storage of its files, programs as well as back-up of its servers at off-site physical locations, in case the Corporate Office becomes unavailable. In addition, JOI has implemented links that enable management and other personnel to access the Company's network from their home computers or laptops.

G. Human Resources

Although a pandemic influenza outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations

by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. JOI has established plans to protect the entire employee population and their families, with additional guidance for key personnel and other essential personnel, should a pandemic influenza outbreak occur. In the event of a pandemic, much of the HR function can be done remotely at home by HR personnel and plans will be put in place that enable HR staff to access the Company's network remotely.

H. Test, Training and Exercises

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. The organization conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. The organization conducts continuity exercises to examine the impacts of pandemic influenza on performing essential functions, and to familiarize personnel with their responsibilities. The organization has identified resources and trained continuity personnel, needed to perform essential functions.

I. Devolution of Control and Direction

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. JOI has established plans and procedures for devolution by following the established organizational charts, which identifies how it will transfer operations, if pandemic influenza renders leadership and essential staff incapable or unavailable.

J. Reconstitution

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. JOI has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan addresses the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process.

8. CONCLUSION

Maintaining Job Options, Inc.'s essential functions and services in the event of a pandemic requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, a pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional "contingency activation" may not be required during a pandemic outbreak. However, a pandemic outbreak threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the JOI contingency plan addresses the threat of a pandemic outbreak. Continuity plans for maintaining essential functions and services in a pandemic include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel and other essential personnel is the focused goal of the organization in order to enable the organization to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

9. APPENDIX/REFERENCES

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html> - Centers for Disease Control and Prevention web page on COVID-19
- https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-business-response.html - CDC's Interim Guidance for Businesses and Employers as of February 2020
- <https://www.osha.gov/SLTC/covid-19/> - The Federal Occupational Safety and Health Administration (OSHA) web page on COVID-19
- <https://www.osha.gov/Publications/protect-yourself-pandemic.pdf> - The OSHA Quick Card for Protecting Yourself in the Workplace During a Pandemic
- <https://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.pdf> - The OSHA Fact Sheet for What Employers Can Do
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> - The World Health Organization web page on COVID-19
- <https://www.nih.gov/health-information/coronavirus> - The National Institutes for Health web page on COVID-19
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx> - California Department of Public Health
- <http://www.opm.gov/pandemic/index.asp> - Links to policies on leave, pay, hiring, alternative work arrangements and other critical human capital issues in relation to pandemic influenza.
- <http://www.pandemicflu.gov> - pandemic influenza related information (e.g., signs and symptoms of influenza, modes of transmission, developing individual and family plans, etc.).

- <http://www.flu.gov/planning-preparedness/federal/index.html#> Pandemic influenza related information for Federal Government agencies to use for planning and preparedness. Links to other federal government agencies.

This plan is approved by: Jeffrey Johnson

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Date: April 6, 2020